

Covid Prevention and Treatment Update

1. Background

- 1.1 The CTPG are keen to ensure that their post-transplant population (and eligible pre transplant population) are both informed and advocates for the optimal Covid prevention and treatments available.
- 1.2 To enable this the CTPG has positively engaged with the associated NICE appraisal processes and disseminated key Covid treatment and prevention information to patients through multiple channels.
- 1.3 This paper will summarise its involvement in this work.

2. Covid Vaccines

- 2.1 Post transplant and other defined high-risk patient are eligible for a spring booster. The CTPG have disseminated information on this programme. In addition, the CTPG invited NHSBT to present the headline results of the Callaghan et al (2022) study at their December 2022 meeting and have disseminated the key messages widely to the patient population.
- 2.2 The overall feedback from the CTPG patient population during the entire pandemic has been very positive about the vaccine programme.

3. Other Covid Preventative Treatments

- 3.1 Many post cardiothoracic transplant patients have been advocates for tixagevimab and clogavimab (tix-cil), indeed several have chosen to fund treatment privately.
- 3.2 The CTPG have been keen to represent their views whilst taking a balanced view from an evidence and health economic basis.
- 3.3 The CTPG are formal stakeholders in the NICE Appraisal process of tix-cil and as part of this submitted the attached response, see Appendix 1.
- 3.4 The final recommendation from NICE is due to be published on 5 May 2023.
- 3.5 The CTPG has proactively disseminated information about the Cambridge University Hospitals NHSFT PROTECT-V Trial to patients.

4. Covid Therapies – Guidance

- 4.1 NICE appraised various therapies for people with Covid 19 (ID4038), of which the CTPG is a formal stakeholder.
- 4.2 The first draft recommendations produced by NICE for consultation did not include any out of hospital treatment options for post-transplant patients as the primary recommendation of Nirmatrelvir / ritonavir is not advisable for patients taking immunosuppressants.

- 4.3 The CTPG (along with other stakeholders) advocated strongly that the draft recommendations were disadvantaging certain patient groups, including cardiothoracic transplant recipients. The CTPG consultation response is attached in Appendix 2.
- 4.4 Following the consultation process, NICE revised their recommendations on Covid therapies to include Sotrovimab for high-risk patients where nirmatrelvir / ritonavir is unsuitable. Their recommendations were published on 29 March 2023
- 4.5 The CTPG has been actively disseminating and communicating the updated NICE guidance to patients.
- 4.6 NICE have also been consulting on their Covid surveillance and rapid review processes (Covid 19 technology appraisal recommendations: surveillance and rapid update process statement consultation (GID – NGC10017))
- 4.7 The CTPG have submitted a consultation response which is shown in Appendix 3.

5. Covid Therapies – Delivery

- 5.1 Widespread feedback from the patient community has raised concerns about the timely delivery of recommended Covid therapies.
- 5.2 This feedback has been across several aspects of the pathway, however the most frequently occurring is the failure of CMDUs to providing the recommended therapy in a timely manner. There have also been reports of some cardiothoracic transplant services suggesting therapies that are no longer recommended.
- 5.3 Patel et al (2022) looked at the effectiveness of various treatments in a retrospective cohort study. Their data revealed that only 29% of solid organ transplant patients received any treatment.
- 5.4 The NHSE Medical Director wrote a letter on 29 March 2023 stating that both the central monitoring of positive tests in high-risk patients and the delivery of therapies would transition to local ICS teams by the end of June 2023. No further information has been subsequently published.
- 5.5 The CTPG is exceptionally concerned about the current poor performance of CMDUs and the planned transition to ICS teams. The CTPG Chair has been repeatedly contacting the NHSE central Covid Team to discuss the matter. So far, no response has been received.

6. Upcoming NICE Covid Appraisals / Consultations

- 6.1 There is a further NICE Covid related NICE consultations / appraisals.
- Covid 19 – nirmatrelvir plus ritonavir (Partial Rapid Review of TA878) (ID6262)

6.2 The CTPG have been invited to make submissions into the NICE consultation process. This is complex and potentially expands the group of patients waiting for a heart or lung transplant eligible for Covid 19 out of hospital therapies.

7. Summary and Recommendations

7.1 The CTPG has taken a proactive role in supporting its patient population with advocacy and information sharing related to Covid prevention and therapies.

7.2 The CTPG has submitted consultation responses to the relevant NICE appraisal processes. The CTPG have been impressed with NICE's organisation, transparency, and engagement with patient communities.

7.3 The cardiothoracic transplant patient community has been disappointed in the relative lack of engagement and advocacy from the clinical transplant and cardiac communities. In Covid related issues. Other clinical communities, for example blood cancers, immunology, rheumatology, and nephrology have shown much higher levels of clinician involvement and support for patient groups.

7.4 The CTPG would request that NHSBT nominate a lead clinician to support the advocacy of Covid related issues for the patient population, which would include engagement with key patient groups.

7.5 The CTPG Chair would appreciate time limited support from a lung physician and advanced heart failure cardiologist in the development of a CTPG submission for the Partial Rapid Review of TA878 (ID6262). This review has been generated from the Edmunds Independent Report published 31 March 2023 and subsequently updated McInnees Group Definitions.